

BEST PRACTICES FOR COMMUNITY BASED CHRONIC DISEASE RISK REDUCTION

As described in the *NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS' (NACCHO) Recommendations for Comprehensive Tobacco Use Prevention Programs*:

“The scale of societal change is a complex process that must be addressed by multiple program elements working together in a comprehensive approach. No single strategy can independently prevent tobacco use and its many negative health consequences. The solution to this health problem demands a comprehensive approach that deals with the forces contributing to tobacco use as well as methods to resolve it. Jointly each component of tobacco control will impact the local community and provide the protection that only a comprehensive approach can guarantee.” A description and examples of the seven components described in the NACCHO document include:

1. Community Mobilization to Reduce Tobacco Use

Strategies to accomplish community mobilization will address coalition involvement as well as any staff time dedicated to coalition development and maintenance. A dedicated full-time staff with the funded local agency is required to maintain communication between partners. This would include promoting tobacco free workplace policies in businesses and public places. Funding should be budgeted to assist in increasing a community's capacity through infrastructure and training.

Examples of community activities include:

Developing plans to adopt policies and regulations that limit tobacco use in workplaces and in public areas are highly recommended. Youth-led countywide activities to support and enhance policy development are also encouraged. Evidence-based strategies to encourage participation of disparate populations, and attending training opportunities for local tobacco control advocates on relevant topics that are also recommended.

2. School Programs

Since most people who start smoking are younger than age 18, strategies that prevent the onset of smoking during the school years are a crucial part of a comprehensive tobacco prevention program. Communities applying for the Level C grant will be expected to support and implement local youth organizations associated with TASK. This support could consist of mini-grant programs, sponsorship of an *informing my peers about countering tobacco (impact) training* for youth who are interested in pursuing comprehensive tobacco free school grounds policies, teacher trainings to ensure efficacy of tobacco prevention curriculum, or sponsorship of one Smokefree Teens Are Rising (STAR) Rally for high school youth during the grant period. While these activities will be planned for the applicant's county, it is the expectation that participation will be open to surrounding counties who are interested in attending. Participation in state level programming efforts for TASK is required. The TUPP staff will provide technical assistance. Funds may **not** be utilized to pay for teachers' salaries to facilitate tobacco prevention curriculum, but can be used to pay for teacher training. Priority will be given to applicants who are able to document a partnership with School Health Councils in conjunction with the Coordinated School Health Program if applicable.

Examples of strengthening school programs include:

Implementation of CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, includes developing, enacting, and enforcing a comprehensive tobacco free school grounds policy, providing instruction about the short and long term negative physiological and social consequences of tobacco use, social influences on tobacco use, and peer norms regarding tobacco use, and refusal skills are all considered school based programs. If any of these programs are already funded by Kansas State Department of Education Safe and Drug Free Schools program, the applicant must describe how their request does not duplicate existing funding. Opportunities to provide program specific training for teachers is considered Best Practices, as well as involving parents or family members in support of school-based programs to prevent tobacco use. Comprehensive tobacco control program resources may support promotion of the Kansas Tobacco Quitline to students and staff who use tobacco, as well as evaluating the tobacco use prevention program at regular intervals through the Kansas Youth Tobacco Survey.

3. *Counter-marketing*

Community actions must collaborate with the statewide media campaign, and be utilized for policy development. A media plan should exist or be developed for both earned media and media advocacy and should be included with the application if available. Level c grant applicants should plan a media campaign of approximately \$10,000 for radio and newspaper advertising to reinforce statewide campaigns. The TUPP will provide technical assistance in developing and approving all local media plans and coordinating all media activity in order to be more efficient and effective in purchasing media and ensuring appropriate coverage of messages. Children buy the most heavily advertised brands of cigarettes and are three times more likely to be affected by advertising than adults. The tobacco industry spends more than \$125 million per year in Kansas on advertising, and it is estimated that today's 12 year old has been exposed to more than \$20 billion in imagery advertising tobacco products as glamorous, social, and normal.

Examples of counter-marketing activities include:

Local media efforts should focus on grassroots promotions, local media advocacy, event sponsorships, and other community tie-ins to support and reinforce the statewide campaign. Earned media opportunities will be the primary counter-marketing strategy at the local level.

4. *Cessation programs for adults and youths*

Cessation services are essential for a comprehensive tobacco control program. The TUPP has implemented the Kansas Tobacco Quitline, as well as a "Smoking and Pregnancy" initiative to train providers how to incorporate the "5 A's" into a clinical setting. Applicants are encouraged to apply for funding to promote and implement these programs as a part of their comprehensive tobacco control program plan. Applicants are also encouraged to implement activities that do not require additional funds, such as provider reminder systems, Kansas Tobacco Quitline promotion, as well as identifying local programs for cessation assistance. Materials for promotion are available at program level and assistance for planning professional workshops are available for the TUPP.

Examples of cessation activities include:

Successful programs include providing clinician training and feedback focusing on incorporating the “5 A’s” approach to actively engage pregnant women in tobacco cessation efforts into health care provider’s office procedures and other program standards in the *Cessation Guide to Treating Tobacco Use and Dependence: A Public Health Service Clinical Practice Guideline*.

These activities include promoting population-based counseling and treatment programs, such as Kansas Tobacco Quitline, and providing technical assistance to local businesses to offer cessation services as part of the employee benefits package. Other possibilities are to coordinate with statewide initiatives focusing on cessation during pregnancy and build partnerships with pharmacies to offer discounts on pharmaceuticals in conjunction with enrollment in the Kansas Tobacco Quitline and/or local cessation program. Level C program funds may not be used to pay for cessation services or nicotine replacement therapy.

5. *Enforcement*

The primary enforcement policy area focuses on activities to increase compliance rates of tobacco sales to minors. Activities may include adoption of ordinances limiting youth access to tobacco and providing training and education for merchants. Comprehensive tobacco control program activities may not include compliance checks on tobacco merchants with youth.

The second policy area that requires enforcement activity is restricting tobacco use in public places (tobacco free workplace ordinances). Tobacco free workplace ordinances are critical to reduce the exposure of the public and employees to hazardous tobacco smoke. Furthermore, data indicate that enforcing worksite-smoking ordinances protects non-smokers and reduces the number of cigarettes smoked during the workday. Enforcing tobacco free policies also supports the other tobacco control components such as cessation and community programs.

Examples of enforcement activities include:

Adopting policies and ordinances that limit youth access to tobacco products through local retail licensing fees, investigation of complaints of violations of tobacco free workplace policies, and partnerships with local law enforcement to limit youth access to tobacco products are recommended.

6. *Administration and Management*

An effective tobacco control program requires a strong management structure. Implementation of an effective tobacco control program requires administrative and management structures that can perform strategic planning, staffing and fiscal management functions.

Examples of administration and management activities include:

Recruiting and developing qualified and diverse technical, program, and administrative staff and awarding and monitoring program contracts and sub-grants, coordinating implementation across program areas, and assessing program performance to ensure success of the comprehensive tobacco control plan. Staff positions funded with the grant must be new positions, or existing staff whose duties are re-directed for strategies in this grant. If utilizing existing staff, the applicant must demonstrate that grant funds are not supplanting funds for salary from other sources.

7. Surveillance and Evaluation

Funds for surveillance and evaluation will enable the collection of local level data to provide specific information on tobacco usage rates and public opinion towards policy initiatives in the applicant community. Evaluation efforts can also be utilized to gauge efficacy in program activities and outreach.

Examples of Surveillance and Evaluation activities include:

Focus groups for developing a media plan, planning Kansas Tobacco Quitline promotional efforts and program planning would be encouraged. Workplace policy surveys would be beneficial for policy strategies focused on clean indoor air. The TUPP Epidemiologist will provide technical assistance for evaluation efforts.